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		Application Number	09/970,559)					
TRANS	MITTAL	Filing Date	10/3/2001						
FO	RM	First Named Inventor E. Marlowe Goble,			et al.				
		Art Unit							
(to be used for all correspondence offer initial filing)		Examiner Name							
(to be used for all correspondence after initial filing)		Attorney Docket Number 13447,46							
Total Number of Pages in This Submission 4									
ENCLOSURES (Check all that apply)									
Fee Transmittal F		Drawing(s)		After Allowance Communication to Appeal Communication to Board					
Fee Attacl	hed	Licensing-related Papers			of Appeals and Interferences				
Amendment/Repl After Final After Final Affidavits/A Extension of Time Express Abandon Information Disclo Certified Copy of Document(s) Reply to Missing I	declaration(s) Request Imment Request Disure Statement Priority Rema Certifica	etition etition to Convert to a rovisional Application ower of Attorney, Revocation hange of Correspondence Address erminal Disclaimer equest for Refund D, Number of CD(s) Landscape Table on CD s of Correction			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):				
	Missing Parts CFR 1.52 or 1.53								
	SIGNATURE (OF APPLICANT, ATTO	RNEY, O	R AG	ENT				
Firm Name Medicii	neLodge, Inc.								
Signature /David	ignature /David Meibos/								
Printed name David I	Meibos								
Date 8/4/2006 Reg. No.				g. No. 45,885					
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:									
Signature /Kathleen Hansen/									
Typed or printed name	Kathleen Hansen			Date	8/4/2006				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL			Complete if Known						
			plication Number 09/970,559						
(As of $01/01/2006$)			lling Date			10/3/2001			
Fi						E. Marlowe Goble, et al			
			r Nam	ie					
Applicant Claims small entity status.	Art	Unit							
			Dock	et No.	1	3447.46			
Method of Payment						Continued)			
Check Credit Card Money Other None		3. ADDITIONAL FEES Large Entity Small Entity							
Check Credit Card Money Other None Order		Fee	Fee	Fee	Fee				
		Code 1051	(\$) 130	2051	(\$) 65	Fee Description Fee Paid Surcharge - late filing fee or oath.			
Deposit Account:		1052	50	2052	25	Surcharge – late provisional filing			
50-3352						fee or cover sheet.			
\$		1053	130	1053	130	Non-English specification.			
MedicineLodge, Inc.			120	2251	60	Extension for reply within first month.			
The Commissioner is authorized to: (Check all that apply)		1252	450	2252	225	Extension for reply within second month.			
Charge fee(s) indicated below		1253	1,020	2253	510	Extension for reply within third month.			
		1254 1255	1,590 2160	2254 2255	795	Extension for reply within forth month. D Extension for reply within fifth month.			
Charge any additional fee(s) during the pendency of this application	n					1 2			
Charge fee(s) indicated below, except for the filing fee to the abov	/e-	1401 1402	500 500	2401 2402	250 250	Notice of Appeal. Filing a brief in support of an appeal.			
identified deposit account.		1403 1451	1,000 1,510	2403 1451	500 1,510	Request for oral hearing. Petition to institute a public use proceeding.			
FEE CALCULATION 1.BASIC FILING FEE		1452	500	2452	250	Petition to revive – unavoidable.			
Large Entity Small Entity									
Code Fee(\$) Code Fee(\$) Fee Description Fee Part 1001 300 2001 150 Utility filing Fee	aid		1,500	2453	750	Petition to revive - unintentional			
1111 500 2111 250 Utility Search Fee		1501 1502	1,400 800	2501 2502	700 400	Utility Issue fee (or reissue) Design Issue Fee			
1311 200 2311 100 Utility Examination Fee 1081 250 2081 125 Utility Application Size Fee			1,100	2503	550	Plant Issue Fee			
1002 200 2002 100 Design filing Fee				0.004					
1003 200 2003 100 Plant filing Fee 1004 300 2004 150 Reissue filing fee		8021 proper	40 ty (times	8021 s number	40 of pro				
1005 200 2005 100 Provisional filing fee		1801	790	2801	395	Request for Continued Examination (RCE)			
1085 250 2085 125 Prov. Size Fee for additional 50 sheets over 100		1802	900	1802		Request for expedited examination of			
Subtotal(1) (\$)		1002	500	1002	700	a design application.			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action.			
Extra Claims below Fee Paid	neer .	1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action.			
Total Claims		1806	180	1806	180	Submission of information disclosure stmt.			
Independent -3**= X = Claims		1807 1809	50 790	1807 2809	50 395	Processing fee under 37 CFR 1,17(q). Filing a submission after final rejection (37 CFR 1.129 (a)			
Multiple Dependent		1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b)			
Large Entity Small Entity Code Fee(\$) Code Fee(\$) Fee Description Fee p	anid	1811			100	Certificate of Correction \$100.00			
1202 50 2202 25 Claims in excess of 20. 1201 200 2201 100 Independent claims in	<u>Jaiu</u>	1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination.			
excess of 3. 1203 360 2203 180 Multiple dependent claim, if not paid.		1814	130	2814	65	Statutory Disclaimer			
1204 200 2204 100 **Reissue independent claims		Other Fee Reduced by Basic Filing paid							
over original patent. 1205 50 2205 25 **Reissue claims in excess of 20 and over original patent.		Subtotal (3) \$10.00							
Subtotal(2) (\$)									
SUBMITTED BY:									
Name David W. Meibos Registra			0. 4	5,885	5	Telephone:435-774-1504			
Signature /David Meibos/				Dat		8-4-06			
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